U.Ş. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
E S NET 2005	
1. File Number U - 55522	2. Fiscal Year Covered From:
	1 / 04 Through: 13/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Richard O'KANE	Name IRON WORKERS LOCAL361
	Labor Organization File Number 014-497
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street C/O 39-19 974 AVE:	Street 39-19 97TH AVENUE
City OZONE PARK	City OZONE PARK
State NEW YORK ZIP Code + 4 11416	State NEW YORK ZIP Code + 4 114/6
5. Position in labor organization. BUSINESS MANAGER - FST	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7,b, Amount.
City	
State ZIP Code + 4	**************************************
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Richard O Karl	On 8-10-05 718-322-1016 Date Telephone Number

B. Held an Interest in or scales incore or scanners benefit with nursetary relate from a business (1) automatical paid of which coacists of business of an employer vivose employers of the scale vivose	Name of Person Filing Kuhurd O'Kane	File Number U-
Name CQLLERAW, OTIARA & MILLS L.P. Trade Name, if any P.O. Box, Bidg, Room No., if any Street 12.25 FRANKLIN AVE., SMITE 450 Cox GARDEN CITY, IN State NEW YORK ZIP Code + 4 115.30 10. If 9.b. or 9.c. is checked give trust or employer's name. Name TRON WORNERS LOCAL'S 767.52 411 SECURITY FARIOS P.O. Box, Bidg, Room No., if any Street 451 PRRK AVENUE SOUTH 11.b. Approximate dollar value of such dealing. 12.e. Nature of interest held of income received. CHEF'S PALEW AVENTUR RESTAURANT FLORIDA FOOD L.BEVER ROE ON 3-24-04 12.b. Amount. 149.00 13.a. Name and address of Employer or Labor Relations Consultant (moduring trade name, if any). Name Trade Name, if any: P.O. Box, Bidg, Room No., if any Street Cay State III Street Cay State III Street Cay State III Street Cay State III Street Street Cay State III Street Cay State State Street Cay State State Street Cay State State Street Cay State State Street Cay State State	substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise	
Trade Name, if any: P.O. Box, Bidg, Room No., if any	8. Name and address of Business (including trade name, if any).	9. Business deals with:
Trade Name, if any P.O. Box, Bidg, Room No., if any Street T.2.2.5 FRANKLIN AVE, SMIE 450 City GARDEN CITY, N State NEW YORK 2IP Code +4 [15.30] 10. If 9.b. or 9.c. is checked give trust or employer's name. Name TRON WORKERS LOCAL'S 70-761-411 SECURITY FARMOS Street 451 PRRK AVENUE 904TH 11.b. Approximate dollar value of such dealing. 11.a. Nature of interest held or income received. CHEFS PALEN AVENTURA RESTAURANT, FLORIDA FOOD L BEVER AGE ON 3-24-04 12.b. Amount. 149:00 C. Received from any employer (other inan an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and doffers of Employer or Labor Relations Consultant (moduling trade name, if any). Name Trade Name, if any: P.O. Box, Bidg, Room No., if any Street City Street 2IP Code + 4 11.b. Amount of payment.	Name COLLERAN, OHARA &MILLS LIL P.	
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10. If 9.b. or 9.c. is checked give trust or employer's name. Name	4P44-Physical Article (1997)	
Name FRON WORKERS LOCAR'S Honor LEGA REPRESENTATION Trade Name, if any:	State NEW YORK ZIP Code + 4 11530	
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14 b. Amount of payment	City	
13.b. Is the Business an Employer or Consultant?	State ZIP Code + 4	
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